

FILED NOV 15 1957

Registration District No.

318

Primary Registration District No.

1003

STATE FILE NUMBER

Registrar's No.

37817
10508

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST LOUIS</i>		c. CITY OR TOWN <i>St Louis</i>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>DOACITY Hosp</i>		d. STREET ADDRESS (If outside, give location) <i>51300 Larran</i>	
3. NAME OF DECEASED (Type or print) <i>THOMAS MAHOMES</i>		4. DATE OF DEATH <i>Nov 5 1957</i>	
5. SEX <i>Male</i> COLOR OR RACE <i>Negro</i>		8. DATE OF BIRTH <i>9-20-1914</i>	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years, months, days) <i>43</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Coburn</i>		11. BIRTHPLACE (City and state or country) <i>Columbus Ga</i>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>J W Mahomes</i>		13b. MOTHER'S MAIDEN NAME <i>ESTELLA DENKINS</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>760</i>	
17. INFORMANT <i>CORNELIA MORRIS</i>		Address <i>3418 WASGALL</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Septicemia;</i> Contrib: <i>Pulmonary Abscess</i> (Lung abscess) DUE TO (b) <i>521X</i> DUE TO (c) <i>521X</i>		INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY <i>Hour Month, Day, Year</i>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>1001 A</i> to <i>1001 A</i> and last saw her alive on <i>11/6/57</i>		Death occurred at <i>1001 A</i> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree, title) <i>Dr. J. M. Larran</i>		22b. ADDRESS <i>1300 Clair</i>	
22c. DATE SIGNED <i>11/6/57</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
23b. DATE <i>11 Nov 57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>DAKDALE-CEMETERY</i>	
23d. LOCATION (City, town, or county) <i>St Louis Co MO</i>		(State)	
24. FUNERAL DIRECTOR <i>RELIABLE FUNERAL SYS</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 6 57</i>	
ADDRESS <i>1389 N UNION</i>		26. REGISTRAR'S SIGNATURE <i>Paul Smith MO</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed Paul V. Freeman

Licensed Embalmer No. 4686

P. O. Address 4729 Hamm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.